

Foster Family Home - Corrective Action Report

Provider ID: 1-180076

Home Name: Margie Malvar, NA

Review ID: 1-180076-4

94-1190 Lumikula Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 7/17/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Annual inspection conducted for this 2 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA by 8/1/2020.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) CG#1, CG#2 and HHM #2 Fingerprint lapsed. Was done 10/9/18. Was due on or before 10/9/19. No Current Fingerprint.

HHM# 3, #4, #5, #6 do not have record of any Fingerprint or e-Crim

8.(a)(2) CG#1, CG#2 and HHM #2 APS/CAN lapsed. Was done 10/9/18. Was due on or before 10/9/19. No Current Fingerprint.

HHM#3, #4, #5, #6 do not have record of any APS/CAN

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6) Doorways in the CCFFH lead to another connected residence with 4 tenants.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: MARGIE MALVAR

CCFFH Address: 94-1100 KUMUKULA ST. NAIKAWA HI. 96747

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
891	CG #1, CG #2, HAM #2 LAPSED CANNOT BE CORRECTED. CG #1, CG #2, HAM #2 NOW HAVE CURRENT FINGER PRINT IN BINDER.	7-7-20 7-7-20 7-22-20	Calendar reminder for 2 months before expiration made in binder.
892	CG #1, CG #2, HAM #2 LAPSED CANNOT BE CORRECTED. CG #1, CG #2, HAM #2 NOW HAVE CURRENT APS 1 CAN IN BINDER.	7/7/20 7/7/20 7/22/20	Calendar reminder for 2 months before expiration made in binder.

Primary Caregiver's Signature: M. Malvar

Print Name: MARGIE MALVAR

Date of Signature: 10/10/2020

41 B6.
All records in
connecting in HAM
moved out 9-20-20.
Submitted letter
to the office for
my Land Land

10-7-20

All records in connecting
will be updated to
have background check
within 30 days
days of moving in.